

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH RADM (ret.) ROBERT LANING, MC, USN

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Interview with RADM Robert Laning, MC, USN (Ret.).

Where were you born?

I was born in Haiti. My father was a Navy doctor assigned in Cap Hatien in 1922. The Marines were also there as part of the occupation of Haiti. From there we moved to Charleston where my father was CO of the hospital. I remember also living in San Pedro and San Diego, Philadelphia, etc. I decided I would go to medical school even though my father tried to talk me out of it. I finally asked him, "Would you do it again, Pop?" And he said yes. "Then I want to do it."

I went to Jefferson Medical College in Philadelphia and interned at Jefferson Medical College Hospital for 2 years. I wasn't about to join the Navy, this being about 1948. There was too much politics. But then the Korean War came and I decided that I had lived off my father's coattails long enough. I decided I had better do something else. I applied for a residency in thoracic surgery at Jefferson where they were working on the heart-lung machine. Dr. Gibbon, professor of surgery, took so long to make the decision as to whether I would be a resident or not that I decided to go in the Navy. For one thing, I found out that politics in a medical school hospital is worse than it is in the Navy.

I applied for a regular commission instead of joining the reserves so I had to wait for Senate approval and did not get a uniform allowance. I had to go home sometime in July 1950 and wait to be called for active duty. I didn't get called until September 1950. My folks lived in Amherst, VA, my father having retired in '46 or '47. He was health director for the county there in Amherst. I became a "farmer" down in Virginia for my parents until I got called.

When I was called I went to Portsmouth, VA, on the surgical service but I had no training. However, I was given credit for the second year of internship in surgery.

In January of 1951 I came to the Naval Medical School at Bethesda for a 6-month indoctrination course. All new regulars came there for this. While I was there Admiral Pugh [RADM H. Lamont], who was then the Surgeon General, was being introduced by Dr. [Bartholomew] Hogan who was our commanding officer. In that introduction, he said, "And we have the son in this class of a former professor in our medical school and his name is Laning." Immediately, Admiral Pugh, who apparently knew my father, stopped the introduction and said, "Dr. Laning, please stand up." Well I had to stand and, of course, I was very embarrassed. All this was not my cup of tea. Anyway, it was an interesting experience.

I then went from that course to sea duty. I figured in order to get a residency in the Navy and be able to complete it without being interrupted, I get the sea duty over with and then start my residency. I went aboard the *Hamul* (AD-20), a destroyer tender, for

duty. We were on the West Coast and went back and forth to Japan twice. That was an interesting experience.

What was duty like aboard the *Hamul*?

I was the junior medical officer and the second year I was the senior medical officer. I made lieutenant aboard that ship. I enjoyed sea duty and loved practicing medicine aboard ship. Since my grandfather, as a medical missionary, established the first hospital in Japan in Osaka, St. Barnabas Hospital, I was able to take some leave and go visit that hospital. Mind you, this was 1951. It was then a female hospital specializing in obstetrics and gynecology. They were embarrassed by having the grandson of the founder just appear one day and I decided that next time I came to visit I would notify them ahead of time and that actually happened sometime later.

I then applied for a residency and was originally told I was going to San Diego but because my father requested that I request a hospital closer to home, I went to Portsmouth, VA, for my residency in surgery. I got credit for 2 years' practice in surgery and 3 years in the same hospital.

Dr. [Paul] Spangler, then Dr. Story was the chief of surgery most of the time I was there although Dr. [Joseph] Zuska was chief when I finished. Dr. Spangler became famous after he retired from the Navy when he took command of the SS *Hope*, which went down to South American to treat patients. He was a wonderful guy.

I asked to stay on the staff there at Portsmouth and my request was granted but about 1 month after my residency ended when they needed a surgeon aboard an aircraft carrier, *Antietam* (CV-36), for a good will tour of Europe. It was to take 6 months and go from nation to nation displaying antisubmarine warfare techniques to members of their navies. This was in 1956.

Were you assigned to the ship's staff as a junior medical officer?

No. I was TAD (temporary additional duty). They had a designated surgeon but he only had 1 year of training. They felt that on a trip like this, with a task force of an oiler and several destroyers, and a carrier, they should have more than just a partially trained surgeon. So I went as a fully trained surgeon.

This was great. We went from port to port. There were several interesting occurrences on that trip. As we pulled into Rotterdam the Suez crisis broke out and we had to leave in a hurry and join the Mediterranean fleet.

Where did the ship go then?

We went into Parma, Italy and then came home. That was close to Christmas. I came back to Portsmouth, stayed about a year until '57, and then was transferred to the *Intrepid* (CV-11) for a regular tour of sea duty as the surgeon. The senior medical officer was a flight surgeon.

Where did the *Intrepid* go on that cruise?

The cruise was a midshipman cruise to the Med.

Were there any memorable surgeries?

No. Just routine things like fixing hernias. I didn't have any dramatic accidents to take care of.

Where did you go after that cruise?

I asked for duty in the Washington area, not Bethesda. I didn't want to go to a teaching hospital. I wanted a non-teaching hospital so I could get more practical surgical experience. They sent me as the junior surgeon at Naval Hospital Annapolis and that was a wonderful experience.

While I was there, I got called by Dr. Zuska, who was XO at St. Albans. The chief of the teaching program in surgery at St. Albans was going to quit so he asked me if I wanted the job. I went up, looked it over, agreed it would be a nice experience, but BUPERS (Bureau of Personnel) would not move me because I had been moved only a year before. Even though I had no family, they didn't want to spend the money so I stayed at Annapolis another year.

The next year I asked for a teaching hospital so I went to Philadelphia. The day I reported I met Dr. [Horace] Warden, who was chief of surgery. He took me on rounds through the hospital and introduced me to the nurse in the recovery room. Well that chief nurse is now my wife. Dr. Warden loves to remind me that it was he who introduced us.

When I first reported to him he said, "I don't know why they're sending you here because I don't need another staff surgeon." But a few minutes later he said, "They promised that those hospitals that are going to supply surgeons for the surgical teams for the astronaut program should have extra people. I guess you're that extra person." I told him I would enjoy being in that program. Later I was appointed to the recovery team. As it turned out, since Dr. Warden was going to be stationed at the control center in Cape Canaveral during the flights, he wanted someone he knew on the primary recovery ship. Well, that turned out to be me.

I was picked to be the senior member of the recovery team which consisted of Johnny Barnes, who was an HM3 OR tech from our hospital,

Philadelphia, and an Army anesthesiologist, Dr. Jerry Strong. So those three made up the recovery team. We were to be aboard the *Lake Champlain* (CV-39) for the first space-shot.

By the way, a few months before Shepard's [CDR Alan B. Shepard, Jr., USN] flight all the teams that were chosen to take part in the recovery operations went to Cape Canaveral to attend a briefing. This was an opportunity for all the teams to get a description of the project. It was really the first contact any of us had with the NASA people. It was right about the time [Soviet Chairman Nikita] Khrushchev was at the United Nations banging his shoe on the desk. At that briefing we heard about a misfortune in the Soviet space program. As the NASA people were monitoring a Soviet flight there at the Cape, the cosmonaut suddenly disappeared. It was suspected that his retro-rockets didn't fire properly. It was interesting because when we went back for the final briefing for Shepard's flight, the question was asked about what happened, and NASA denied that they ever said anything in the first place.

So your first mission was for the 1961 Shepard suborbital flight.

Yes.

What were your duties on the recovery team?

They chose surgical teams because they didn't know whether the astronauts would be injured or not. They had no idea. Ordinarily, the doctors on the recovery teams might have been flight surgeons but they decided it was very important to be prepared to take care of possible injuries. All the teams therefore were surgical teams consisting of a surgeon, an anesthesiologist, and an OR tech. The gear that went aboard each ship was all supplemental to the regular ship's gear, but since some of the recovery teams were going to be on destroyers, they had to be rather complete. There were complete OR setups with instrument trays, everything. About a ton of gear went aboard.

How many ships would they deploy?

I recall there were something like 12 or 15 ships each with a surgical team from all the services--Army, Navy, and Air Force. We were all TAD for these shots.

That sounds like a lot of ships for a suborbital flight that was only going to last something like 15 minutes.

For the first flight I don't think they had 15 recovery ships. I'm talking about for the orbital flights that followed.

**What do you remember about that first flight of Alan Shepard?
What was going on that day?**

Let me go back to the day before. The day before, it suddenly occurred to me that if this guy were injured, I would have to notify the Cape in a hurry on an open airway and I didn't think that was very wise. So I devised a rather simple code that I could use on a ship to shore telephone. A-1 means "He's O.K. he's fine and I don't need any help." And the code went all the way down to something like D-E, which meant "He's dead and I need a pathologist." The injury would be described by the letter--A, B, C, D, E, F, G and whether I needed help with a 1, 2, 3, or 4. And they were prepared to send consultants out to the ship if I needed them. I had to encode this message and send it to the Cape to get their permission to use it ahead of time. I was concerned because 1 hour prior to the flight (the next day) we still didn't have permission to use this code. But finally it came.

Had you devised this code pretty much on the spot?

That's right. No one had thought of it.

How did you encode it?

That was the difficulty because Cape Canaveral was an Air Force base and they didn't have decoding equipment for Navy. What they had to do was send it to a Navy facility to be decoded. When they finally gave us permission to use it, they didn't encode the reply because all they had to say was, "Your plan is approved." I should also mention that prior to each of these flights we had to have blood available. We had walking donors. On the way out we would call people with the same blood type as the astronauts. On the first one, we drew blood and had several pints available in the refrigerator. And then we had a walking donor system whereby other people with the same type were available.

What about the morning of the actual flight?

I was up on the flag bridge waiting. We knew about where to look for the parachute and indeed we found it and followed it coming all the way down. We were about 3 miles away. Then a helicopter went out to pick up the astronaut. Then the capsule was to be recovered.

At that time, it was all very rudimentary. They weren't deploying flotation collars.

No. That all came about because of Grissom's [Virgil I.

Grissom, USAF] flight. What I should also mention is that we were all in civilian clothes. That was a political move. Apparently, one European country NASA was dealing with to build tracking stations was accusing the U.S. that our space program was military, not peaceful.

Was that Portugal?

Yes. The deal was that whatever people were immediately concerned with the astronaut and the capsule would be in civilian clothes and this is what any photographs that were taken would show. So our surgical team was in civilian clothes. As a result of this, our corpsman who was bunking down with the enlisted, had some trouble. Here's someone they knew was an HM3 but he was aboard ship in civilian clothes. That just didn't happen. However, I had no problem in the wardroom nor did Dr. Strong.

Had you met the astronauts prior to that time?

No. As a matter of fact, we asked to meet them and it turned out by an experience I had, that we should have met them beforehand. Shepard didn't know who we were when he came aboard. When I put out my hand to help him out of the helicopter, he gave me a funny look. "Who are you?" I said, I'm Dr. Laning. I'm part of the recovery team. He said, "I didn't expect you." It seems he thought we might be newsmen and he had been instructed not to talk to newsmen until after his debriefing and his physical. And that's another story.

In the preparations, the senior NASA man was a fellow named Bill Hayes. He was a fiscal expert, not a people person. He told me when we first went aboard that I could make all the decisions that had anything to do with the astronaut, so I did.

We used the admiral's cabin one deck below the flight deck because it was the most accessible. Everyone, including the admiral, knew they couldn't get to the astronaut until we had finished his debriefing and his physical exam. We had done his physical, taken his blood and urine and sent it down to sick bay. Shepard was then sitting at the admiral's desk talking into a tape recorder debriefing himself. He had some written questions he had to answer. And in the middle of all this the admiral burst in and said, "The president is on the phone and wants to talk to him." Suddenly we realized that Shepard had no clothes but for his flight suit and we had already taken that off. So the admiral had to give Shepard his own flight suit so he could go up to the flag bridge to talk to the president. As a matter of fact, I got a recording of Shepard's side of the conversation. He then went back to the admiral's cabin and continued with the debriefing.

Was the debriefing all into a tape recorder or were you asking him questions?

He was responding to the questions in the booklet. I asked the original questions concerning medical matters such as how do you feel and that sort of thing.

How long did the debriefing take?

The whole thing, including the physical, took about 2 hours.

Was it a complete physical?

It was as complete as it could be without X-rays, including a neurological examination. Of course, we had those facilities available in sick bay. If he had been injured, we would have determined that when he got off the helicopter. If he had been injured, we were to take him directly to sick bay, not to the admiral's cabin.

When we were finished, I turned him over to the captain and the admiral and I think they took him down to the crew's mess. Mr. Hayes asked me to go to a press briefing. I did that and answered the newsmen's questions. One newsman had noticed that Shepard had something taped to his ankle. Later I asked Shepard about it and he told me it was his Naval Academy class ring.

Then it was time to go to Grand Bahama Island. I made the decision that we would have a deck launch of the airplane to take him to Grand Bahama Island. They wanted to catapult him off the ship. I thought he had enough g's and it seemed safer to take a deck launch. Not being an aviator myself or a flight surgeon, my decision didn't go over very big.

Because in those days, we had no direct communication with the Cape. Motion picture film and photos had to be sent by aircraft and none of that could happen until the deck was cleared after we left.

Did you go with him?

Yes, my whole team, including Dean Conger, the senior NASA photographer who was on loan from *National Geographic*. He was a wonderful man and a wonderful photographer. We were clowning around in the back of the plane and Dean Conger was taking pictures of Shepard and the rest of us. I then said, "Dean, you just set your camera and you get in there next to Shepard." Now that picture I took of Dean and Shepard in the plane later appeared as an ad for *National Geographic*. I later kidded Conger about not giving me credit for that picture.

Was Shepard very talkative on the way to Grand Bahama?

Oh, yes. He was elated. We had a very pleasant conversation. Anyway, when we got there I turned him over to the NASA people along with the tapes and specimens. I had packed the urine and blood in ice.

What kind of facility did NASA have at Grand Bahama?

Just a few temporary buildings. We arrived there just about dark and I didn't see much. There was a big hanger and an exam room and the NASA doctors were going to do another physical and more debriefing. And then a plane became available so we left for Cape Canaveral that night. I remember getting a ride on an Air Force colonel's plane back to Philadelphia. He came back in the cabin during the flight and said, "I'd like your autograph, doctor." I said, "Really, what for?" He said, "You may be famous some day."

Then came Grissom's flight.

Yes. That was July 21, 1961. The same thing happened with Grissom's flight--the same preparations and all that. But as you know he lost his capsule.

By this second flight, they had already developed another way of communicating with the Cape if there was a medical problem and they didn't use your medical code any more?

That's right. They used the standard medical nomenclature system of making a diagnosis.

By this time, you had met the astronauts?

No. They still didn't know us, but we were uniformed then.

Was there anything unique about the Grissom flight except for the loss of the capsule?

No.

Were you close enough to see the splashdown?

We saw the parachute. It may have been only 2 miles away.

When did you realize there was a problem?

I was on the bridge and could hear conversation between the helicopter pilots and the bridge, first of all, hooking it up. And there was a delay in picking up the astronaut. Grissom had gotten out of his capsule and was floating. He told us later that he was concerned that they might be more intent on picking up that capsule than picking him up. After they had hooked on to the capsule, a red

light went on in the helicopter. Ordinarily, you have just a few minutes to fly once that red light goes on. So the pilot decided he had to let go of the capsule. Grissom was in the water and, even though there were two other helicopters as backup, they couldn't get in that close to pick him up until the original helicopter had left. Once the original helicopter let go of the capsule, it sank immediately and that helo came back to the ship. In the meantime the second helicopter picked up Grissom and brought him aboard.

Why did Grissom leave the capsule to begin with?

The procedure was to hook up to the top of the space capsule and pull it slightly out of the water. Then the hatch was to be blown. The astronaut would then climb out, attach himself to another cable, and be hoisted aboard the helicopter and returned to the carrier. The capsule would then be recovered and hoisted aboard the carrier. With Shepard everything went perfectly.

Grissom is accused of having prematurely blown the hatch before they were hooked on so water started coming in and he decided to leave. He denied that and they have done multiple studies and have found that explosive bolts have never blown prematurely. So no one will ever know what really happened. He may have inadvertently pushed that button.

Then when he was in the water, he noticed water was entering his suit. There was also concern that since these were tropical waters and his silvery suit was bright and shiny, sharks might be attracted.

What do you recall about him being brought aboard?

Grissom didn't say anything but he was obviously agitated. You could tell by his expression. We took him down to the captain's cabin. But it wasn't long before he calmed down. And then the call from the president came. For this flight they had hooked a telephone line to where we were examining him. We learned a lesson from the first time with Shepard. And he talked to the president.

After we completed his physical, he had time for breakfast and took a little nap. Meanwhile, I was busy getting packed up and putting the specimens in ice. I then went on the plane with him to Grand Bahama Island where we turned him over to the NASA people.

When we got to Grand Bahama Shepard was there to greet him. I followed him in to where he was to meet everyone else and he turned around and said goodbye to me and the rest of the team and thanked us.

Please tell me about John Glenn's [LCOL John H. Glenn, Jr., USMC]

flight.

That flight actually occurred on February 20, 1962, even though it had been scheduled several times before. I was in Philadelphia and was to go down to catch the USS *Randolph* (CVS-15) in Norfolk. It was a Saturday afternoon. I got a call that my father had had a stroke. (He lived in Amherst, VA.) I decided to report to the ship because I had talked to my mother and she said to go. When I got to the ship I found that Glenn's flight had been delayed which then delayed the ship's departure for 24 hours. So I went to Amherst to see father in the hospital and then came back to the ship early Monday morning. In the meantime, they thought I wouldn't return so they got a substitute physician for the team who was from the Portsmouth Naval Hospital. And he was very disappointed that I returned.

If you recall, Glenn's flight was three orbits. Our ship, the USS *Randolph*, was the prime recovery ship, but, as you recall, Glenn was first picked up by the destroyer *Noa* (DD-841). After the *Noa* rendezvoused close enough to us, one of our helicopters picked Glenn up and brought him to the *Randolph*.

How far was the *Noa* from you?

Well, it took a couple of hours to rendezvous so it must have been some distance away.

The accuracy was a bit off on that landing.

If you recall, there was some problem up there and Glenn had to manually fire the retro-rockets for reentry.

That's right. He got an indicator light that his heat shield was loose.

Right. Apparently he slightly overshot the landing downrange.

Did you do another physical when Glenn arrived?

We didn't do another physical because Dr. [Robert] Mulin had already done one. Everybody then wanted our team to go to Grand Bahama Island with Glenn but I said no. Dr. Mulin and his team should go. My team was very unhappy I made that decision but I felt it was right for Dr. Mulin's team to go. So I didn't leave the *Randolph*. I went back to port with the ship and ultimately back to my duty station.

Was this the last Mercury flight you were involved with?

No. I was on all the others but not on the prime recovery ship. For the first three missions--the first two suborbital flights and

the first orbital flight--the NASA people wanted the same personnel involved but after that the people involved in the recovery system said that all these other teams on the other ships wouldn't want to continue participating if they never had a chance to be on the primary recovery ship. That seemed reasonable. So we began rotating. On one of the other flights I was on a ship near the Azores. I also went to the Pacific for the last Mercury flight. I was involved in the first couple of Gemini flights. Then Dr. Warden made admiral and I was slated to relieve him for the position at the control center at the Cape. But that time, the Gemini program had begun and they didn't need sophisticated specialty services like surgeons at the control center and flight surgeons took over. Surgical teams then ceased to be part of the program.

Where did you go then?

I was transferred to Portsmouth, NH, where I was chief of surgery and executive officer. I finally asked to be relieved of my NASA responsibilities because I found that as chief of surgery, my services were required for surgery. Consequently, I shouldn't be out of town that often. Some of these trips took weeks because of delays in the flights. I think that's the same time that Admiral Warden also left the program.

How long were you at Portsmouth?

I was there 3 years and then was transferred to Chelsea where I was chief of surgery. Chelsea had had three chiefs of surgery in 3 years. They had a training program for surgeons there. My wife came home one day and said that the skipper was looking for me. He then told me he had some good news and some bad news for me. The good news was that I was going to San Diego, the job I always wanted as chief of surgery. The bad news was that he was losing me. It appeared that Dr. Warden, who was skipper at San Diego needed a chief of surgery. He wanted someone who was young enough to be able to stay there for 4 years. I was a brand new captain and was able to stay for that length of time. So he asked for me to come.

It was a job I always wanted. It's the best surgical job in the Navy.

What made San Diego so special?

For one thing, it had the largest teaching program. It had more patients than any hospital in the Navy. I once figured out that the training program in surgery was the largest training program for surgeons of any hospital in the United States except maybe two. One was Charity Hospital in New Orleans and the other was some hospital

in New York. By that I mean there were more patients assigned to each resident. Therefore they had the greatest exposure for surgical training of any hospitals in the country. And being chief of surgery was a magnificent position to be in. Plus my father had been chief of surgery 30 years before. I moved into the same quarters.

It was a family tradition. How did you feel about that?

It was wonderful and *Navy Times* wrote it up as history repeating itself 30 years later.

In his oral history, Dr. Warden mentioned his connection with the Pueblo (AGER-2) crew. Did you have anything to do with them?

Admiral Warden asked me to participate in caring for those people. So their care fell into my hands. And it was fascinating because I then also took care of the admiral who had negotiated their release from North Korea and who then accompanied them back to San Diego. He had made admiral despite the fact that he had three diseases--Hodgkins, carcinoma of the colon, and something else. Apparently he had gotten over all of them and came back in the Navy after a disability retirement. I decided that this man was such a great research subject that I asked his permission and took some of his blood and had it frozen for posterity to be used in the future if they ever needed someone who had recovered from several malignancies. The blood was stored at Scripps Clinic in La Jolla.

How long were you at San Diego?

Four years. I remember getting a call in the operating room one day for me to come up to the admiral's office. I was assisting a resident and he was doing fine so I quickly went up to the admiral's office. They told me they had gotten a call from Washington and they wanted me to be exec at Great Lakes and they wanted me there in 2 weeks. I told Admiral Warden that I was supposed to be going on leave in 2 weeks to go to Hawaii and Japan. He told me he didn't think I could. I asked if I could take leave right then and go to Japan but that was not possible.

Anyway, to make a long story short, 2 weeks later I went to Great Lakes as exec. Admiral Bill Turville was commanding officer and he wanted me there because the day after I arrived he was to go to Washington on a selection board and he wanted me as the acting CO. Then the chief of surgery there at Great Lakes then relieved me as chief of surgery at San Diego. And that was Roger Milnes.

How long were you XO?

I was there for 1 year. I remember that year they had their annual indoctrination course for prospective COs here in Washington and it was at that meeting, or I should say, the reception, that Admiral [George] Davis, the Surgeon General, told me that I was going as CO to Yokosuka. I thought that was wonderful. My parents were born in Japan and it was also a welcomed challenge for me.

So I went to Yokosuka for a year and got a phone call. Admiral Stecklein called me at 2 a.m. one morning from California to say, "Congratulations."

"Congratulations for what?" I said.

"He said, "You don't know?"

"Don't know what?" I was pretty sleepy at 2 a.m. He told me I had been selected.

"When the Surgeon General calls, don't let him know that you already know. Be surprised."

It turned out that Admiral [Donald] Custis was taking a trip to the West Coast and he had called a few people to let them know they had been selected but didn't get to me so he called after he got to California. I acted surprised.

That turned out to be a very interesting day for me. It was the day I learned I had been selected. It was also the day there was a birthday party for the Navy Nurse Corps. It was also the day that one of our corpsmen had a general court martial for having molested a patient. The patient was a Japanese lady who could barely speak English. During the party, the president of the court came in. He had just completed the court martial and they had found this corpsman not guilty. It was the greatest relief of my life because I was quite sure he had not done it but I had to have a court martial just to be sure that justice was served. The boy's parents were there. We asked them to join the party. It was a great day. I guess things come in three's.

My youngest brother was a Marine pilot and he was stationed at Iwakuni. When I was relieved of command of Yokosuka, he came up on the stage and I was temporarily promoted to admiral and he helped my wife pin on my shoulder boards and that was a great occasion.

Then I was sent back to Hawaii to become CINCPACFLT surgeon. That was a fun assignment. During that time, Vietnam was evacuated and so I was put in charge of arranging for the medical care of the evacuees in the Pacific. I'll never forget when it first broke, an Air Force four-star general called me at 6 p.m. at the quarters and we had already arranged where we might set up hospitals to take care of refugees. He suggested that the Navy and Army set up in Guam and the Air Force hospital be located on Wake Island. I told him I thought that was a good idea. This was 1975.

I then relieved Charlie Waite [RADM Charles] as the fleet surgeon in Hawaii, and he came here to BUMED as Code 5 and then someone must have retired and he was moved to Deputy Surgeon General and I then relieved him as Code 5.

What was the situation politically at BUMED at the time?

This was just after the Zumwalt era and the whole Navy was in turmoil.

What were some of the big issues you had to deal with during this era?

The hospital ship. I had another experience that put me in a position to help out. LTGEN Wilson was head of the Pacific Marines when I was there. He called me one morning and told me he was a candidate to be Commandant. He told me there were rumors in Washington that he wasn't physically fit to assume that office. He asked me if I would review his physical examination, and then examine him, and then notify Washington whether he was or was not fit to be the Commandant.

So we did all this. He had recently had a physical at Tripler. I went to see the physician who had done the physical. Anyway, the general had had some chest surgery but it was long enough ago so that his pulmonary function was in no way impaired. He played golf, he ran a mile every day or more. He was in good physical shape and I notified Charlie Waite about all this. About 2 weeks later I got a call from General Wilson telling me that he had been selected for Commandant.

The point was that I had some kind of rapport with him and when I used to talk to him about a need for a hospital ship. "If we had a war today, your troops are going to invade some place and then the injured will not be able to be taken care of because we have no hospital ships.

When was this?

Between '75 and '77 here in Washington. This was when they were going through all kinds of possibilities about what we needed for hospital ships. I put the idea in his head that he could help convince the line of the Navy that we needed a hospital ship to support the Marine Corps. People forget that the Navy takes care of an army. I just planted the seed. Al Wilson [RADM Almon] was really more involved in all that.

When did you retire?

I retired here at BUMED in 1977.